

2008 LIMITED PARTNERSHIP ANNUAL REPORT
Due By May 1, 2008

FILED
Mar 28, 2008 08:00 A
Secretary of State

DOCUMENT # A95000000820

1. Entity Name
HANFF FAMILY LIMITED PARTNERSHIP, L.L.L.P.



Principal Place of Business
**4909 GLENN DRIVE
NEW PORT RICHEY, FL 34652**

Mailing Address
**4909 GLENN DRIVE
NEW PORT RICHEY, FL 34652**



03172008 No Chg-LP

CR2E003 (12/06)

DO NOT WRITE IN THIS SPACE

| | |
|---|--|
| 4. FEI Number 59-3322211 | Applied For <input type="checkbox"/> Not Applicable |
| 5. Certificate of Status Desired <input type="checkbox"/> | \$8.75 Additional Fee Required |

6. Name and Address of Current Registered Agent

**HANFF, JR., HENRY W M.D.
4909 GLENN DRIVE
NEW PORT RICHEY, FL 34652**

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

DATE

**FILE NOW!!! FEE IS \$500.00
After May 1, 2008, Fee will be \$900.00**

**U000000873586
04/10/08-80072-024 500.00**

**A GENERAL PARTNER THAT IS A BUSINESS ENTITY MUST BE REGISTERED AND ACTIVE WITH THIS OFFICE.
NOTE: General Partners MAY NOT be changed on the form; an amendment must be filed to change a general partner.**

12. GENERAL PARTNER INFORMATION

| | |
|-----------------|----------------------------------|
| DOCUMENT # | |
| NAME | HANFF, JR., HENRY W M.D. |
| STREET ADDRESS | 4909 GLENN DRIVE |
| CITY - ST - ZIP | NEW PORT RICHEY, FL 34652 |

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14. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am a General Partner of the limited partnership or the receiver or trustee empowered to execute this report as required by Chapter 620, Florida Statutes

SIGNATURE:

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING GENERAL PARTNER

Date

Daytime Phone #

STAPLE CHECK HERE